

Print Applicant's Full Name:



Leesburg Police Department Junior Police Camp

**Application Packet
2015 schedule**

Session #1

June 29th – July 10th

Session #2

July 13th - July 24th

Application deadline is May 1, 2015

Session 1 ☐ Session 2 ☐ (YOU MUST CHECK ONLY ONE)

Leesburg Junior Police Camp Coordinator

MPO R.E. Bolden

rbolden@leesburgva.gov

703-771-4562

Application Packet Checklist



- ☐ Completed Application
- ☐ Written Recommendation- (from teacher, Principal, scout leader, school counselor etc.)
- ☐ Written letter (from applicant) Topic – Why I want to attend the LPD Junior Police camp?
- ☐ Signed (by parent and child) Rule Sheet
- ☐ Completed Emergency Contact Form (must be Notarized)
- ☐ Turn in packet with all attached paperwork including this and the front page.

Once all the above items have been completed, please turn in the entire packet as soon as possible to a Leesburg Police Department School Resource Officer or at Leesburg Police Department Headquarters. (65 Plaza Street NE Leesburg, VA 20176).

Incomplete packets will not be accepted and will not be processed for acceptance.

Each session is limited to 20 participants. Prior attendees are not eligible.

Once all sessions are filled, an alternate list may be maintained in case of cancellations.

Applicants must have completed the 5th grade by June 2015 and have not yet entered the 9th grade.

The Leesburg Police Department does not provide transportation to and from the camp. Campers may be dropped (signed in) off up to 10 minutes prior to the start time and must be picked up within 10 minutes of the dismissal time.

All applications will be reviewed and approved by L.P.D. staff on a first come, first served basis, as they are received.

Applicants will be contacted in a timely manner **via email or phone** when they have been accepted into the program.

The Junior Police camp is for first time attendees. Prior attendees may not apply.

Applications must be received by **May 1, 2015**.

Leesburg Junior Police Camp Rules of Conduct



1. Treat everyone with respect
2. Avoid the use of personal references
3. No weapons of any kind
4. Baseball caps and hats are not allowed
5. All electronic devices must be left at home no exceptions!
6. No physical contact with peers unless directed to do so
7. Horseplay or rough-housing will not be tolerated
8. No vulgar or profane language
9. Camp T-shirt must be worn
10. Camp ID's must be worn at all times.
11. Follow all directions given by camp personnel
12. No chewing gum or sodas
13. Participate in all camp activities, including physical fitness
14. Safety first
15. Limit the use of jewelry or expensive watches
16. Athletic shoes must be worn (We run every day!)
17. No open toed shoes or sandals
18. No cut off or extra baggy shorts
19. We expect 100% attendance! Absences MUST be cleared through the Police instructors in advance or the camper risks being dropped from the program.

Violation of any of these rules may result in the camper being sent home, being asked not to return to camp the following day or dropped from the program.

*Camp issued equipment remains the property of the Leesburg Police Department until the student has successfully completed the course.

Campers are asked to abide by these rules and the basic rules of conduct set by the Loudoun County Public Schools.

Signature of Parent: _____

Signature of Child: _____

Date: _____

The camp hours will be 0900 -1500 hours Monday – Friday. Campers may be dropped off between 0845 and 0900. There are two days we will go on a field trip. Those days we generally have campers arrive at 0700 with pick up at 1500 hours. Details will be provided during the parent/camper orientation meeting. Graduation will take place on the final Friday of the session beginning at 1330 and will take one hour. Campers will be dismissed at that time.

Liability / Medical Release – Must be Notarized.



Name of Campers: _____

Date of Birth: _____

Social Security Number: _____

I, the parent and or legal guardian of _____, a minor child, whose age is between 11-15 years old for and in consideration of the services provided by the Town of Leesburg, Leesburg Police Department hereby authorize and grant permission for my child to participate fully in the "Junior Police Camp" program and activities without limitation. I understand that there are certain risks inherent in my child's participation in this program and in the activities associated with this program. I for myself and my minor child and my collective heirs, personal representatives and assigns, here by waiver, release and forever discharge the Town of Leesburg and the Leesburg Police Department, their employees, volunteers, representatives, agents, servants and all other persons responsible for supervision and management of the "Junior Police Camp" program in the Town Of Leesburg, Loudoun County, Virginia. I hereby certify that my child has no illnesses, injuries or conditions which would preclude him/her from participating in this program. I further certify that my minor child has received all of his/her currently required medical examinations, treatment, and immunization in compliance with state law.

I agree to:

1. Bring my child into the Leesburg Police Department Headquarters, or other assigned locations, sign them in (**on time**) and make sure that my child is under supervision before leaving the premises.
2. Arrive at the Leesburg Police Department or other assigned location to pick up my child (**on time**) and make contact with a staff member and sign my child out of the camp daily.
3. Pick up my child, or make arrangements to have them picked up (on time) by a responsible adult known to the child, when called by the program staff in the event of an illness, emergency or for disciplinary reasons.
4. Notify the program staff of any medical concerns, to include but not limited to allergies, communicable disease or illness.
5. Sign the provided medical release form allowing for medical treatment necessary for my child in my or the emergency contacts absence.

I agree to allow any member of the Leesburg Police Department to seek and receive any necessary medical treatment for my child. In my absence any member of the Leesburg Police Department may authorize any necessary medical procedures for the safety of the child listed on the reverse side of this from. I agree to release the Town of Leesburg, Leesburg Police Department, and any agent or employee from liability for injuries incurred by my child while in participation in the Junior Police Camp. I also agree to release from liability the Town of Leesburg, Leesburg Police Department, and any agent or employee for any medical treatment that is received by my child while in attendance at the Junior Police Camp.

Parent Name: _____ Parent Signature: _____

Date: _____ City/County of _____

Commonwealth of Virginia.

Sworn to and subscribed before this _____ day of _____, 20____

Witness my hand and official seal. _____ Notary Public My commission expires _____, 20____

Leesburg Police Department Junior Police Camp



Name: _____

School: _____ Grade(as of 9/2015): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Parents Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Parents Email: _____

Day time Address/Work Address: _____

Emergency Contact Other Than Above: _____

Emergency Contact Phone Number: _____

*****Parent or Emergency contact must be available at one of these numbers during camp hours*****

Doctor: _____ Phone: _____

Allergies: _____

Medications: _____

Does the camper carry their own medication? ____ yes ____ no

Camp T-shirt Size: ____ small ____ medium ____ large ____ XL ____ XXL

Written Letter from Camp Applicant

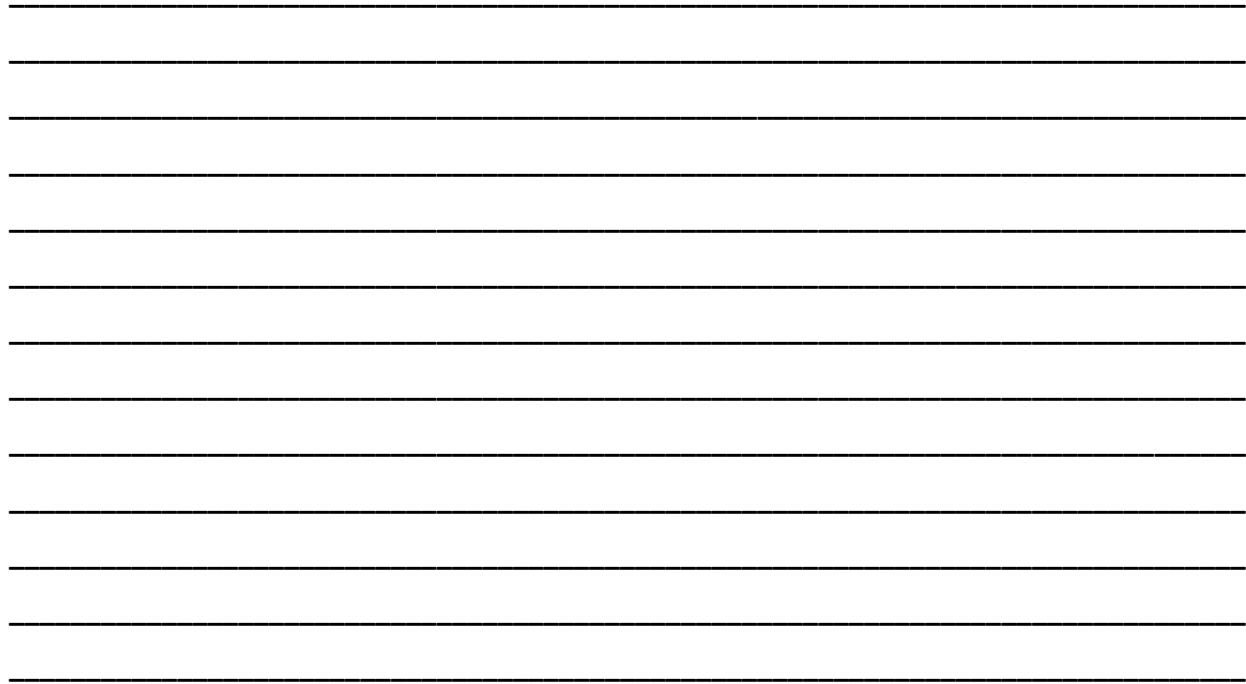


Topic – Why I want to attend the LPD Junior Police Camp?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Applicant may type this and attach their letter to this application.

(To be completed and signed by school counselor, teacher, principal, etc..., may be attached as a separate document)



Contact Phone Number _____

Officer Initials - _____